

# In the Court of Appeals of the State of Alaska

**Carlton Donnelly,**  
Appellant,  
  
v.  
  
**State of Alaska,**  
Appellee.

Court of Appeals No. **A-13257**

## **Notice of Intent to Enter Judgment For Cost of Appointed Attorney**

Date of Notice: **4/15/2020**

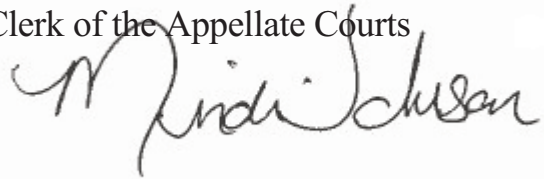
Trial Court Case No. **3AN-17-08670CR**

Unless you or the prosecutor objects by **5/29/2020** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Sentence Appeal or Petition for Sentence Review	\$ 250	\$ 500
Merit Appeal or Appeal from Post-Conviction Relief Proceedings	750	1,500
Combined Merit and Sentence Appeal or Petition for Sentence Review	1,000	2,000

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts



M. Johnson, Deputy Clerk

Distribution:

Email:  
Michalski, Matthew A, Public Defender  
Stanley, Sarah E.

# In the Court of Appeals of the State of Alaska

**Carlton Donnelly,**

Appellant,

v.

**State of Alaska,**

Appellee.

Court of Appeals No. **A-13257**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **4/14/2020**

Trial Court Case No. 3AN-17-08670CR

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
  - ☐ Sentence Appeal
    - ☐ Combined Merit Appeal and Petition for Sentence Review
    - ☐ Petition for Sentence Review
    - ☐ Petition for Hearing
    - ☐ Merit Appeal
    - ☐ Petition for Review
    - ☐ Appeal from Post-Conviction Relief Proceeding
    - ☐ Original Application
    - ☐ Combined Merit and Sentence Appeal
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Appellant's Mailing Address      City      State      Zip  
Mailed to State's Attorney on: \_\_\_\_\_ (Date)